REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

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2000 APR 15 A 10:03

USE FEC MAILING LABEL OR TYPE OR PRINT

C00117119 030800
DARRYL L HINKLE
FRIENDS OF CLAY SHAW
2600 N E 14TH STREET CAUSEWAY
POMPANO BEACH FL 33062

2. FEC IDENTIFICATION NUMBER
087718

3. IS THIS REPORT AN AMENDMENT?
☐ YES ☒ NO

4. TYPE OF REPORT

- ☒ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report (Non-election Year Only)
- ☐ 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ In the State of _____.
- ☐ 30-Day Post-Election Report following the General Election on _____ In the State of _____
- ☐ Termination Report

This report contains activity for ☒ Primary Election ☒ General Election ☐ Special Election ☐ Runoff Election

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period 01/01/2000 through 03/31/2000		
6.	Net Contributions (other than loans)		
(a)	Total Contributions (other than loans) (from Line 11(a))	$352578.29	$352578.29
(b)	Total Contribution Refunds (from Line 20(d))	$ 1350.00	$ 1350.00
(c)	Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	$351228.29	$351228.29
7.	Net Operating Expenditures		
(a)	Total Operating Expenditures (from Line 17)	$ 97917.61	$ 97917.61
(b)	Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c)	Net Operating Expenditures (subtract Line 7(b) from 7(a))	$ 97917.61	$ 97917.61
8.	Cash on Hand at Close of Reporting Period (from Line 27)	$1317654.46	
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
DARRYL L. HINKLE

Signature of Treasurer
Darryl L. Hinkle, Treasurer

Date
04/12/2000

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3
(revised 4/97)

FE6AN12Z

DETAILED SUMMARY PAGE

of Receipts and Disbursements
(Page 2, FEC FORM 3)

Name of Committee (In full): FRIENDS OF CLAY SHAW

Report Covering the Period: From 01/01/2000 To: 03/31/2000

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date	
11. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than Political Committees			
(i) Itemized (use Schedule A)	$119030.00		11(a)(i)
(ii) Unitemized	$ 70541.00		11(a)(ii)
(iii) Total of contributions from individuals	$189571.00	$189571.00	11(a)(iii)
(b) Political Party Committees	$ 8500.00	$ 8500.00	11(b)
(c) Other Political Committees (such as PACs)	$154507.29	$154507.29	11(c)
(d) The Candidate	0.00	0.00	11(d)
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))	$352578.29	$352,578.29	11(e)
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00	12
13. LOANS:			
(a) Made or Guaranteed by the Candidate	0.00	0.00	13(a)
(b) All Other Loans	0.00	0.00	13(b)
(c) TOTAL LOANS (add 13(a) and (b))	0.00	0.00	13(c)
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00	14
15. OTHER RECEIPTS (Dividends, Interest, etc.)	$ 6020.22	$ 6020.22	15
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	$358598.51	$358598.51	16
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES (Unitemized $2639.51)	$ 97917.61	$ 97917.61	17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00	18
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00	19(a)
(b) Of All Other Loans	0.00	0.00	19(b)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	0.00	0.00	19(c)
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees	$ 1350.00	$ 1350.00	20(a)
(b) Political Party Committees	0.00	0.00	20(b)
(c) Other Political Committees (such as PACs)	0.00	0.00	20(c)
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	$ 1350.00	$ 1350.00	20(d)
21. OTHER DISBURSEMENTS	0.00	0.00	21
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	$ 99267.61	$ 99267.61	22

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	$ 1058323.56	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	$ 358598.51	24
25. SUBTOTAL (add Line 23 and Line 24)	$ 1416922.07	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	$ 99267.61	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	$ 1317654.46	27

FE8AN122

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 11(a)(i)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Jack Beal 356 NE Seventh Avenue Ft. Lauderdale, FL 33301- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Retired / Retired Aggregate Year-to-Date -> $250.00	03/13/200	$250.00
B. Clifton Clarke 665 Dixie Lane West Palm Beach, FL 33415- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Self / Investor Aggregate Year-to-Date -> $300.00	03/24/200	$300.00
C. A. Coningsby 4520 NE 25th Avenue Ft.Lauderdale, FL 33308- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Apex Machine Company / Executive Aggregate Year-to-Date -> $350.00	03/23/200	$350.00
D. Full Name, Mailing Address and Zip Code Tod Drum 1216 SE 11th Ct. Ft.Lauderdale, FL 33316- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Drum Realty Occupation Realtor Aggregate Year-to-Date -> $200.00	Date (month, day, year) 03/24/200	Amount of Each Receipt this Period $200.00
E. Full Name, Mailing Address and Zip Code Ted Drum 1216 SE 11th Ct. Ft.Lauderdale, FL 33316- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Drum Realty Occupation Realtor Aggregate Year-to-Date -> $400.00	Date (month, day, year) 03/27/200	Amount of Each Receipt this Period $200.00
F. Full Name, Mailing Address and Zip Code Ted Drum 1216 SE 11th Ct. Ft.Lauderdale, FL 33316- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Drum Realty Occupation Realtor Aggregate Year-to-Date -> $550.00	Date (month, day, year) 03/27/200	Amount of Each Receipt this Period $150.00
G. Full Name, Mailing Address and Zip Code Roger Fleming 603 Queen Street Alexandria, VA 22314- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Federal Maritime Com. Occupation Attorney Aggregate Year-to-Date -> $250.00	Date (month, day, year) 03/30/200	Amount of Each Receipt this Period $250.00

SUBTOTAL of Receipts This Page (optional)	$1700.00
TOTAL This Period (last page this line number only)	

FEC 4

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 2 OF 32

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Walter Griffith 9 Cayuga Road Sea Ranch Lakes, FL 33308-	Occupation: Retired	03/31/200	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul Henry 236 Worth Avenue Palm Beach, FL 33480-	Greenleaf & Crosby Occupation: President	03/23/200	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$500.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Hurst 990 Renmar Dr. PH Plantation, FL 33317-	15th Street Fisheries Occupation: Owner	01/24/200	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$250.00	

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Henry Langsenkamp 615 Lido Drive Ft.Lauderdale, FL 33301-	Retired Occupation:	03/24/200	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Leonard 9300 NE 4th Avenue Miami Shores, FL 33138-	Self Employed Occupation: Real estate sales	03/16/200	$100.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$100.00	

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Leonard 9300 NE 4th Avenue Miami Shores, FL 33138-	Self Employed Occupation: Real estate sales	03/31/200	$100.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$200.00	

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Leonard 9300 NE 4th Avenue Miami Shores, FL 33138-	Self Employed Occupation: Real estate sales	03/31/200	$150.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$350.00	

SUBTOTAL of Receipts This Page (optional)	$3100.00
TOTAL This Period (last page this line number only)	

SCHEDULE A — ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Jon Levinson 943 Evergreen Drive Delray Beach, FL 33483- Receipt For: [X] Primary [ ] General [ ] Other (specify)	REL Enterprises, Inc. Consultant Aggregate Year-to-Date -> $250.00	03/29/200	$250.00
B. David Lindemann 604 SW Eighth Avenue Fort Lauderdale, FL 33315- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Huron Machine Products, Inc. President Aggregate Year-to-Date -> $75.00	03/27/200	$75.00
C. David Lindemann 604 SW Eighth Avenue Fort Lauderdale, FL 33315- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Huron Machine Products, Inc. President Aggregate Year-to-Date -> $425.00	03/27/200	$350.00
D. Thomas McDonald 7630 Marblehead Lane Pompano Beach, FL 33067- Receipt For: [X] Primary [ ] General [ ] Other (specify)	CravenThompson & Assoc. Owner Aggregate Year-to-Date -> $250.00	01/24/200	$250.00
E. Jack Rodgers 2200 South Ocean Lane, #1206 Ft.Lauderdale, FL 33316- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> $100.00	03/13/200	$100.00
F. Jack Rodgers 2200 South Ocean Lane, #1206 Ft.Lauderdale, FL 33316- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> $250.00	03/23/200	$150.00
G. Edward Rudnor 650 San Marco Drive Ft. Lauderdale, FL 33301- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Renaissance Cruises CEO Aggregate Year-to-Date -> $350.00	03/23/200	$350.00

SUBTOTAL of Receipts This Page (optional)	$1525.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 4 OF 32

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

A. Full Name, Mailing Address and Zip Code David Rush 4804 Banyan Lane Tamarac, FL 33319-	**Name of Employer** Aptek Technologies Inc.	**Date (month, day, year)** 03/31/200	**Amount of Each Receipt this Period** $350.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation** President	**Aggregate Year-to-Date ->**	$350.00
B. Full Name, Mailing Address and Zip Code Angelyn Whiddon 1131 SW Ninth Avenue Fort Lauderdale, FL 33315-	**Name of Employer** Causeway Lumber Company	**Date (month, day, year)** 03/23/200	**Amount of Each Receipt this Period** $250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation** Owner	**Aggregate Year-to-Date ->**	$250.00
C. Full Name, Mailing Address and Zip Code George Bunnell 650 Isle of Palms Fort Lauderdale, FL 33301-	**Name of Employer** Bunnell,Woulfe, and Keller, P.	**Date (month, day, year)** 03/14/200	**Amount of Each Receipt this Period** $500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation** Attorney	**Aggregate Year-to-Date ->**	$500.00
D. Full Name, Mailing Address and Zip Code Bruno Di Giulian 12045 NW 62nd Court Pompano Beach, FL 33076-1906	**Name of Employer** Ruden, McClosky et al	**Date (month, day, year)** 03/15/200	**Amount of Each Receipt this Period** $250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation** Attorney	**Aggregate Year-to-Date ->**	$250.00
E. Full Name, Mailing Address and Zip Code J. Tuohy 1 Mendota Lane Sea Ranch Lakes, FL 33308-	**Name of Employer**	**Date (month, day, year)** 03/06/200	**Amount of Each Receipt this Period** $500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation** Retired	**Aggregate Year-to-Date ->**	$500.00
F. Full Name, Mailing Address and Zip Code Linda Gill 1222 SE 12th Way Ft.Lauderdale, FL 33316-	**Name of Employer** Gill Hotels, Inc.	**Date (month, day, year)** 03/23/200	**Amount of Each Receipt this Period** $500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation** Vice President	**Aggregate Year-to-Date ->**	$500.00
G. Full Name, Mailing Address and Zip Code Kaye Pearson 1637 East Lake Drive Fort Lauderdale, FL 33316-	**Name of Employer** Yachting Promotions Inc.	**Date (month, day, year)** 03/27/200	**Amount of Each Receipt this Period** $500.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	**Occupation** Show Manager	**Aggregate Year-to-Date ->**	$500.00

SUBTOTAL of Receipts This Page (optional)	$2850.00
TOTAL This Period (last page this line number only)	

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NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rowland Schaefer 1601 Diplomt Parkway Hollywood, FL 33019-	Claire's Stores Inc. Occupation: Executive	03/27/200	$1000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	$1000.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rowland Schaefer 1601 Diplomt Parkway Hollywood, FL 33019-	Claire's Stores Inc. Occupation: Executive	03/27/200	$1000.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date ->	$2000.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph Dorsey 1161 South Southlake Dr. Hollywood, FL 33019-	Self Occupation: Physician	02/04/200	$1000.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date ->	$1000.00	

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dean Bailey 4140 NE 31st Avenue Lighthouse Pt., FL 33064-	Harbor Dodge Occupation: Auto Dealer	03/16/200	$250.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date ->	$250.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dwight Jundt 110 Biltmore Saint Simons Island, GA 31522-	Self Occupation: Real Estate	02/28/200	$500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date ->	$500.00	

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marilyn Thompson 236 Westwood Road Annapolis, MD 21401-	Jorden Burt Berenson & Johnson Occupation: Representative	03/30/200	$1000.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date ->	$1000.00	

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Arthur Novacek 1790 Marietta Drive Fort Lauderdale, FL 33316-	Eiler & Company, Inc. Occupation: President	03/13/200	$250.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date ->	$250.00	

SUBTOTAL of Receipts This Page (optional)	$6000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 6 OF 32

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Albert Massey 2510 NE 13th St Ft.Lauderdale, FL 33304-	Kessler, Massey, et al Occupation: Attorney	01/21/200	$350.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date -> $350.00		

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Arthur Eberly 3701 NE 30th Ave. Lighthouse Point, FL 33064-	Physicians Corp. of America Occupation: Medical Director	03/27/200	$350.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date -> $350.00		

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jane Eberly 3701 NE 30th Avenue Lighthouse Point, FL 33064-	Dr. Eberle's office Occupation: Regist. Nurse	01/24/200	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date -> $250.00		

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Doyle Rogers 345 North Lake Way Palm Beach, FL 33480-	Alley, Maass, Rogers & Lindsey Occupation: Attorney	03/09/200	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date -> $500.00		

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Downing 3200 Port Royal Dr. PH 2107 Ft. Lauderdale, FL 33308-	Self Occupation: Land developer	03/20/200	$500.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date -> $500.00		

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Nemec 1438 North Ocean Blvd. Palm Beach, FL 33480-	Self Occupation: Attorney	03/06/200	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date -> $250.00		

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
S. L. Ecclestone P. O. Box 3267 West Palm Beach, FL 33402-	National Investment Company Occupation: Chairman	03/31/200	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date -> $500.00		

SUBTOTAL of Receipts This Page (optional)	$2700.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 7 OF 32

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

A. Full Name, Mailing Address and Zip Code William Cluett 217 Emerald Lane Palm Beach, FL 33480- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** **Occupation** Retired **Aggregate Year-to-Date ->** $500.00	**Date (month, day, year)** 02/28/200	**Amount of Each Receipt this Period** $500.00
B. Full Name, Mailing Address and Zip Code William Cluett 217 Emerald Lane Palm Beach, FL 33480- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** **Occupation** Retired **Aggregate Year-to-Date ->** $1000.00	**Date (month, day, year)** 03/06/200	**Amount of Each Receipt this Period** $500.00
C. Full Name, Mailing Address and Zip Code David Robinson 18910 Sweet Pepper Ct. Jupiter, FL 33458- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Graphic Persuasion Inc. **Occupation** Adv. Exec. **Aggregate Year-to-Date ->** $300.00	**Date (month, day, year)** 03/09/200	**Amount of Each Receipt this Period** $300.00
D. Full Name, Mailing Address and Zip Code Frank Atlass 715 Poinciana Drive Ft. Lauderdale, FL 33301- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** John G. Alden Insurance Agency **Occupation** Insurance **Aggregate Year-to-Date ->** $250.00	**Date (month, day, year)** 01/21/200	**Amount of Each Receipt this Period** $250.00
E. Full Name, Mailing Address and Zip Code Eddie Accardi 909 S. Federal Highway Pompano Beach, FL 33062- **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Eddie Accardi Jeep **Occupation** Owner **Aggregate Year-to-Date ->** $1000.00	**Date (month, day, year)** 03/20/200	**Amount of Each Receipt this Period** $1000.00
F. Full Name, Mailing Address and Zip Code Kathryn Rybovich 389 South Lake Trail, #4C Palm Beach, FL 33480- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** **Occupation** Housewife **Aggregate Year-to-Date ->** $500.00	**Date (month, day, year)** 03/24/200	**Amount of Each Receipt this Period** $500.00
G. Full Name, Mailing Address and Zip Code Cyrus Jollivette 1581 Brickell Avenue, #206 Miami, FL 33129- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Burchette & Assoc. **Occupation** Lobbyist **Aggregate Year-to-Date ->** $250.00	**Date (month, day, year)** 03/29/200	**Amount of Each Receipt this Period** $250.00

SUBTOTAL of Receipts This Page (optional)	$3300.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 8 OF 32

FOR LINE NUMBER 11(a)(1)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Robert Root 2000 S. Ocean Blvd. 4K Boca Raton, FL 33432- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Retired	03/31/200	$500.00
	Aggregate Year-to-Date ->		$500.00
B. Full Name, Mailing Address and Zip Code Robb Maass P. O. Box 431 Palm Beach, FL 33480- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: Alley, Maass, Rogers & Lindsay Occupation: Attorney	03/14/200	$100.00
	Aggregate Year-to-Date ->		$100.00
C. Full Name, Mailing Address and Zip Code Robb Maass P. O. Box 431 Palm Beach, FL 33480- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: Alley, Maass, Rogers & Lindsay Occupation: Attorney	03/31/200	$300.00
	Aggregate Year-to-Date ->		$400.00
D. Full Name, Mailing Address and Zip Code Hugh Brinkley 262 Granada Road West Palm Beach, FL 33401- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation: Retired	03/15/200	$1000.00
	Aggregate Year-to-Date ->		$1000.00
E. Full Name, Mailing Address and Zip Code Jay Cline 2605 Castilla Isle Ft. Lauderdale, FL 33301- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: Dayton-Granger, Inc. Occupation: President	03/27/200	$250.00
	Aggregate Year-to-Date ->		$250.00
F. Full Name, Mailing Address and Zip Code Murray Goodman 911 North Ocean Boulevard Palm Beach, FL 33480- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: The Goodman Company Occupation: Developer	03/31/200	$300.00
	Aggregate Year-to-Date ->		$300.00
G. Full Name, Mailing Address and Zip Code Frank Maya 801 Arthur Godfrey Road, #400 Miami, FL 33140- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: self-employed Occupation: Consultant	03/31/200	$500.00
	Aggregate Year-to-Date ->		$500.00

SUBTOTAL of Receipts This Page (optional)	$2950.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 9 OF 32

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kevin McCarty 1109 Vista Del Mar Drive North Delray Beach, FL 33483-	Raymond James Occupation: Vice President	03/15/200	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charlie Johnston 552 NE 35th Street Ft. Lauderdale, FL 33334-	Telephone Network Connections Occupation: Executive	03/16/200	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$250.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tom Wilkinson 400 N. Flagler Drive, #606 West Palm Beach, FL 33401-	Requested Occupation: Requested	03/27/200	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$500.00	

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Heather Henry 630 Crest Road Palm Beach, FL 33480-	 Occupation: Housewife	03/31/200	$300.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$300.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Dineen Kemper National Insurance Co. 600 Pennsylvania Avenue, SE, #206 Washington, DC 20003-	Kemper Insurance Company P.A.C Occupation: Vice President, Fed. Rel.	03/29/200	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$250.00	

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Albert Travasos 1998 Juana Road Boca Raton, FL 33486-	John Hancock Insurance Occupation: Insurance Agent	02/28/200	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$250.00	

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joe Jessup 133 Coconut Palm Road Boca Raton, FL 33432-	 Occupation: Retired	03/23/200	$350.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$350.00	

SUBTOTAL of Receipts This Page (optional)	$2900.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Joe Jessup 133 Coconut Palm Road Boca Raton, FL 33432- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Retired	03/31/200	$25.00
	Aggregate Year-to-Date ->		$375.00
B. William Ball 604 Janneys Lane Alexandria, VA 22302- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Requested	03/30/200	$1000.00
	Aggregate Year-to-Date ->		$1000.00
C. Jane Beal 1050 North Ocean Blvd. Palm Beach, FL 33480- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Housewife	03/09/200	$1000.00
	Aggregate Year-to-Date ->		$1000.00
D. Beulah Friedman 2500 South Ocean Boulevard , # B3 Palm Beach, FL 33480- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Retired	03/09/200	$500.00
	Aggregate Year-to-Date ->		$500.00
E. Steven Wood 2727 S. Ocean Blvd., #1506 Highland Beach, FL 33487- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Retired	03/31/200	$500.00
	Aggregate Year-to-Date ->		$500.00
F. Scott Spear 624 East Capitol Street NE Washington, DC 20003- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: Akin, Gump, et al Occupation: Attorney	03/09/200	$500.00
	Aggregate Year-to-Date ->		$500.00
G. William Ferguson 2301 North Monroe Street Arlington, VA 22207- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: The Ferguson Company Occupation: President	03/30/200	$1000.00
	Aggregate Year-to-Date ->		$1000.00

SUBTOTAL of Receipts This Page (optional)	$4525.00
TOTAL This Period (last page this line number only)	

SCHEDULE A — ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jack Lowell 185 W. Sunrise Avenue Coral Gables, FL 33133-	Codina Occupation: Real Estate	03/09/200	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$500.00	
B. Full Name, Mailing Address and Zip Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Marcia Smerling 3400 South Ocean Dr. Highland Beach, Fl -	Occupation: Requested	03/31/200	$300.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$300.00	
C. Full Name, Mailing Address and Zip Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Joanne Tate 1175 NE 125th Street, #102 North Miami, FL 33161-	Occupation: Housewife	03/23/200	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$500.00	
D. Full Name, Mailing Address and Zip Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Joanne Tate 1175 NE 125th Street, #102 North Miami, FL 33161-	Occupation: Housewife	03/23/200	$1000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1500.00	
E. Full Name, Mailing Address and Zip Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Robert Guerin 119 Pirates Cove Drive Marathon, FL 33050-	Occupation: Retired	03/27/200	$300.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$300.00	
F. Full Name, Mailing Address and Zip Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Donald Noller 603 Universe Blvd., #S-209 Juno Beach, FL 33408-	Retired Occupation:	03/31/200	$300.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$300.00	
G. Full Name, Mailing Address and Zip Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
William Pitts ABC, Inc. 21 Dupont Circle Washington, DC 20036-	ABC, Inc. Occupation: VP, Gov. Affairs	03/30/200	$1000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	

SUBTOTAL of Receipts This Page (optional)	$3900.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 11(a)(i)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald Alexander Akin, Gump, Strauss et al 1333 New Hampshire Ave. NW, #400 Washington, DC 20036-	Akin, Gump, Strauss, et al Occupation: Lawyer	03/23/200	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$500.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Clare 972 Lake House Drive North Palm Beach, FL 33408-	Retired Occupation:	03/09/200	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$500.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
E. Douglas Kenna 11450 Turtle Beach Road North Palm Beach, FL 33408-	Occupation: Retired	03/16/200	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$500.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Hazard 4710 NW Second Avenue Boca Raton, FL 33431-	Jamestown Metal Marice Sales Occupation: President	02/04/200	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$250.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dorothy Whitney 110 Dolphin Road Ocean Ridge, FL 33435-	Occupation: Retired	03/09/200	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$250.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
N. Horacio Lopez 3031 NE 21st Street Ft.Lauderdale, FL 33305-	Requested Occupation: Requested	03/09/200	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$250.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
N. Horacio Lopez 3031 NE 21st Street Ft.Lauderdale, FL 33305-	Requested Occupation: Requested	03/31/200	$50.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$300.00	

SUBTOTAL of Receipts This Page (optional)	$2300.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 13 OF 32

FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward Hennessy 500 Island Drive Palm Beach, FL 33480-	Occupation: Retired	03/09/200	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date -> $500.00		
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wayne Diller 1177 Northlake Way Palm Beach, FL 33480-	Occupation: Requested	03/16/200	$100.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date -> $100.00		
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wayne Diller 1177 Northlake Way Palm Beach, FL 33480-	Occupation: Requested	03/31/200	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date -> $600.00		
D. Full Name, Mailing Address and Zip Code	Name of Employer: Perry Foundation, Inc.	Date (month, day, year)	Amount of Each Receipt this Period
C. Renee Cooper 107 South Hampton Drive Jupiter, FL 33458-	Occupation: Exec. Director	03/27/200	$300.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date -> $300.00		
E. Full Name, Mailing Address and Zip Code	Name of Employer: Costar Moonton holbrook	Date (month, day, year)	Amount of Each Receipt this Period
Charlie Costar 1200 Peninsula Trive Tavares, FL 32778-	Occupation: Executive	03/03/200	$250.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date -> $250.00		
F. Full Name, Mailing Address and Zip Code	Name of Employer: Holland and Knight	Date (month, day, year)	Amount of Each Receipt this Period
Joel Gustafson L'Hermitage 3100 North Ocean Blvd., #2302 Ft. Lauderdale, FL 33308-	Occupation: Attorney	02/28/200	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date -> $250.00		
G. Full Name, Mailing Address and Zip Code	Name of Employer: N/A	Date (month, day, year)	Amount of Each Receipt this Period
Sondra Bleckner 1641 SE Seventh Street Ft. Lauderdale, FL 33316-	Occupation: Housewife	03/20/200	$250.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date -> $250.00		

SUBTOTAL of Receipts This Page (optional)	$2150.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ellen Murton 1707 SE Tenth Street Ft. Lauderdale, FL 33316-	Stranahan House, Inc. Occupation: Curator	03/31/200	$350.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$350.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rosemary Magner 2667 North Ocean Blvd, #409 Boca Raton, FL 33431-	Occupation: Housewife	03/31/200	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$500.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Irene Adair 350 South Ocean Blvd., #9-A Boca Raton, FL 33432-	Occupation: Retired	01/24/200	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$250.00	

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Irene Adair 350 South Ocean Blvd., #9-A Boca Raton, FL 33432-	Occupation: Retired	03/27/200	$200.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$450.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barbara Cooper 936 Intracoastal Drive, #6D Ft. Lauderdale, FL 33304-	Omnigraphics, Inc. Occupation: Director	01/24/200	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$250.00	

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sandy Leibov 7547 Black Olive Way Tamarac, FL 33321-	Metropolitan Payroll Corp Occupation: Accountant	03/27/200	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$250.00	

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Colette Wood 2727 South Ocean Blvd., #1506 Highland Beach, FL 33487-	Occupation: Housewife	03/31/200	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$500.00	

SUBTOTAL of Receipts This Page (optional)	$2300.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 15 OF 32

FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Janis Peter 10805 Tara Road Potomac, MD 20854-	Occupation: Housewife	03/31/200	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Susan Greaton 4510 NE 23rd Avenue Fort Lauderdale, FL 33308-	Occupation: Housewife	01/21/200	$400.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	$400.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Susan Greaton 4510 NE 23rd Avenue Fort Lauderdale, FL 33308-	Occupation: Housewife	01/21/200	$600.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence DeGeorge 176 Spyglass Lane Jupiter, FL 33477-4037	DeG Capital Partners, Ltd. Occupation: Chairman & CEO	03/14/200	$1000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence DeGeorge 176 Spyglass Lane Jupiter, FL 33477-4037	DeG Capital Partners, Ltd. Occupation: Chairman & CEO	03/14/200	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$2000.00	

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Margaret Young 101 North Avenue, PH-A Palm Beach, FL 33480-	Occupation: Housewife	03/31/200	$350.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$350.00	

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Samuel Groves 200 North Ocean Blvd., A 8S Delray Beach, FL 33483-	Occupation: Retired	01/24/200	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$250.00	

SUBTOTAL of Receipts This Page (optional)	$4600.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Donald Huguelet 3022 NE 26th Street Fort Lauderdale, FL 33305- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Retired Aggregate Year-to-Date -> $500.00	02/04/200	$500.00
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Edward Hamm 243 South Beach Road Hobe Sound, FL 33455- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Retired Aggregate Year-to-Date -> $900.00	02/04/200	$900.00
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Douglas Bennett 1850 K Street, NW, #850 Washington, DC 20006- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Requested Requested Aggregate Year-to-Date -> $500.00	02/28/200	$500.00
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Gregory Kordic 22299 Douglas Road Cleveland, OH 44122- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Self Attorney Aggregate Year-to-Date -> $500.00	02/28/200	$500.00
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Joel Friedman 4039 North 57th Place Phoenix, AZ 85018- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Self Attorney Aggregate Year-to-Date -> $400.00	02/28/200	$400.00
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Brian Clymer 1132 West San Martin Drive Tucson, AZ 85704- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Self Attorney Aggregate Year-to-Date -> $250.00	02/28/200	$250.00
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Charly Doe 10058 North 68th Street Paradise Valley, AZ 85253- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Law Firm Administrator Aggregate Year-to-Date -> $250.00	02/28/200	$250.00

SUBTOTAL of Receipts This Page (optional)	$3300.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 17 OF 32

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

A. Full Name, Mailing Address and Zip Code Linda Horenstein 4880 Walther Road Dayton, OH 45429- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Requested **Occupation** Requested **Aggregate Year-to-Date ->** $750.00	**Date (month, day, year)** 02/28/200	**Amount of Each Receipt this Period** $750.00
B. Full Name, Mailing Address and Zip Code Gary Blumenthal 370 Shadywood Drive Dayton, OH 45414- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Self **Occupation** Attorney **Aggregate Year-to-Date ->** $750.00	**Date (month, day, year)** 02/26/200	**Amount of Each Receipt this Period** $750.00
C. Full Name, Mailing Address and Zip Code Robert Heller 8914 Singing Hills Drive Warren, OH 44484- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Self **Occupation** Attorney **Aggregate Year-to-Date ->** $500.00	**Date (month, day, year)** 02/28/200	**Amount of Each Receipt this Period** $500.00
D. Full Name, Mailing Address and Zip Code Michael Malyuk 39 East Market Street, #402 Akron, OH 44308- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Self **Occupation** Attorney **Aggregate Year-to-Date ->** $500.00	**Date (month, day, year)** 02/28/200	**Amount of Each Receipt this Period** $500.00
E. Full Name, Mailing Address and Zip Code Michael Mooney 917 Main Street Cincinnati, OH 45202- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Self **Occupation** Attorney **Aggregate Year-to-Date ->** $250.00	**Date (month, day, year)** 02/28/200	**Amount of Each Receipt this Period** $250.00
F. Full Name, Mailing Address and Zip Code Victor Fusco 890 Warner Road Valley Stream, NY 11580- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Self **Occupation** Attorney **Aggregate Year-to-Date ->** $250.00	**Date (month, day, year)** 02/28/200	**Amount of Each Receipt this Period** $250.00
G. Full Name, Mailing Address and Zip Code William Stanley P. O. Box 8223 Jersey City, NJ 07308- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Self **Occupation** Attorney **Aggregate Year-to-Date ->** $250.00	**Date (month, day, year)** 02/28/200	**Amount of Each Receipt this Period** $250.00

SUBTOTAL of Receipts This Page (optional)	$3250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Beth Alpert Requested Receipt For: [X] Primary [ ] General [ ] Other (specify)	Self Attorney Aggregate Year-to-Date -> $250.00	02/28/200	$250.00
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dale Buchanan 118 River Point Road Signal Mountain, TN 37377- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Self Attorney Aggregate Year-to-Date -> $250.00	02/28/200	$250.00
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Glenn Carey 433 East 51st Street, #11C New York, NY 10022- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Self Attorney Aggregate Year-to-Date -> $750.00	02/28/200	$750.00
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
David Lancione 42 East Gay Street Columbus, OH 43215- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Self Attorney Aggregate Year-to-Date -> $250.00	02/28/200	$250.00
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Gregory Park 917 Main Street, #300 Cincinnati, OH 45202- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Self Attorney Aggregate Year-to-Date -> $250.00	02/28/200	$250.00
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Charles Binder Requested Receipt For: [X] Primary [ ] General [ ] Other (specify)	Self Attorney Aggregate Year-to-Date -> $500.00	02/28/200	$500.00
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Judith Leland 8492 Dacpdale Avenue Buena Park, CA 90621- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Self Attorney Aggregate Year-to-Date -> $500.00	02/28/200	$500.00

SUBTOTAL of Receipts This Page (optional)	$2750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 19 OF 32

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTER (In Full)
Friends of Clay Shaw

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gilbert Laden Two Office Park, #412 Mobile, AL 36609-	Self Occupation: Attorney	02/28/200	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$500.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dianne Newman 1320 Oak Knoll Road Akron, OH 44333-	Self Occupation: Attorney	02/28/200	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$500.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Ryan 1952 Route 22, East Bound Brook, NJ 08805-	Self Occupation: Attorney	02/28/200	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$500.00	

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sheryl Mazur 28 Broadlawn Drive Livingston, NJ 07039-	Self Occupation: Attorney	02/28/200	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$500.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sarah Patterson 1610 SE 32nd Avenue Portland, OR 97214-	Self Occupation: Attorney	02/28/200	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$500.00	

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Susan Wasserman 5750 Wilshire Blvd., #570 Los Angeles, CA 90036-	Self Occupation: Attorney	02/28/200	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$500.00	

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Heard 3737 Broadway, #310 San Antonio, TX 78209-	Self Occupation: Attorney	02/28/200	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$500.00	

SUBTOTAL of Receipts This Page (optional)	$3500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lester Potash 2000 Illuminating Building Cleveland, OH 44113-	Self Occupation: Attorney	02/28/200	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$500.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lyle Lieberman 1030 Cotorro Avenue Coral Gables, FL 33146-	Self Occupation: Attorney	02/28/200	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence Wittenberg 127 Summer Lakes Drive Cary, NC 27513-	Self Occupation: Attorney	02/28/200	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rosalie Neufeld 3404 W. Meadowview Court Thiensville, WI 53092-	Self Occupation: Attorney	02/28/200	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul McTighe 2934 East 101 Place Tulsa, OK 74137-	Self Occupation: Attorney	02/28/200	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frederick Daley 2030 W. Pensacola Avenue Chicago, IL 60618-	Self Occupation: Attorney	02/28/200	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Chambers P. O. Box 536 Homerville, GA 31634-	Self Occupation: Attorney	02/28/200	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	

SUBTOTAL of Receipts This Page (optional)	$6500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 21 OF 32

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frederick Spencer 409 East Sixth Street Mountain Home, AR 72653-	Self Occupation: Attorney	02/28/200	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Clifford Weisberg 29140 Apple Blossom Farmington, MI 48334-	Self Occupation: Attorney	02/28/200	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nancy McTighe 2934 East 101 Place Tulsa, OK 74137-	Self Occupation: Attorney	02/28/200	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bob Richardson 812 San Antonio Street, #300 Austin, TX 78701-	Self Occupation: Attorney	02/28/200	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eli Taub 705 Union Street Schenectady, NY 12305-	Self Occupation: Attorney	02/28/200	$400.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$400.00	

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eli Taub 705 Union Street Schenectady, NY 12305-	Self Occupation: Attorney	02/28/200	$100.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$500.00	

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Moe Greenberg 116 Orange Street Providence, RI 02903-	Self Occupation: Attorney	02/28/200	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$500.00	

SUBTOTAL of Receipts This Page (optional)	$5000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
David Green 116 Orange Street Providence, RI 02903-	Self Attorney	02/28/200	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$500.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
William Shingler P. O. Box 193 Donalsonville, GA 31745-	Self Attorney	02/28/200	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$500.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Alexander Andreoff 464 N. Yellow Springs Street Springfield, OH 45504-	Self Attorney	02/28/200	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$500.00	

D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
James Brown 75 Public Square, St. 500 Cleveland, OH 44113-	Self Attorney	02/28/200	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$500.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Rachel Pickard P. O. Box 547 Gastonia, NC 28053-	Self Attorney	02/28/200	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$500.00	

F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
David Graham 1522 Myrtle Avenue Zanesville, OH 43701-	Self Attorney	02/28/200	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$500.00	

G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
John McNally 500 City Centre One Youngstown, OH 44503-	McLaughlin and McNally Attorney	02/28/200	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$500.00	

SUBTOTAL of Receipts This Page (optional)	$3500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 23 OF 32

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Bloomfield 199 South Fifth Street Columbus, OH 43215-	Bloomfield & Kempf Occupation: Attorney	02/28/200	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$500.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C. D. Dillon 1330 Avenue of the Americas, 27 FL New York, NY 10019-	Occupation: Retired	03/03/200	$1000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John McMath 3855 Coco Grove Avenue Miami, FL 33133-	Occupation: Retired	03/06/200	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$500.00	

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles Franzblau 5014 Shore Crest Circle Tampa, FL 33609-	Requested Occupation: Requested	03/10/200	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alix Darr 644 Hudson Avenue Tampa, FL 33606-	Thompson & Co. Occupation: Mail Order Executive	03/10/200	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jo Franzblau 1102 N. Gulfbreath Isles Drive Tampa, FL 33629-	Requested Occupation: Requested	03/10/200	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Beth Franzblau 5014 Shore Crest Circle Tampa, FL 33609-	Requested Occupation: Requested	03/10/200	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	

SUBTOTAL of Receipts This Page (optional)	$6000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 24 OF 32

FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Franzblau 1102 N. Culbreath Isles Drive Tampa, FL 33629-	Thompson & Co. Occupation: Manager	03/10/200	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dianne Bunnell 333 Sunset Drive, #1003 Fort Lauderdale, FL 33301-	Requested Occupation: Requested	03/14/200	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$500.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Vivian Cushman P. O. Box 468 Evans, GA 30809-	Custman Paint and Body Occupation: Co-owner	03/15/200	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nadine Moore P. O. Box 321 4788 Washington Road Evans, GA 30809-	 Occupation: Retired	03/15/200	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Cushman Washington Road P. O., Box 468 Evans, GA 30809-	Cushman Paint and Body Occupation: Co-owner	03/15/200	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Susan Agner 254 North Belair Road Evans, GA 30809-	Requested Occupation: Requested	03/15/200	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peter Nadden 100 Royal Palm Way Palm Beach, FL 33480-	 Occupation: Retired	03/15/200	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$500.00	

SUBTOTAL of Receipts This Page (optional)	$6000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 25 OF 32

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

A. Full Name, Mailing Address and Zip Code Gladys Baralta 380 NW 67th Street, 3:05 Boca Raton, FL 33487- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Requested **Occupation** Requested **Aggregate Year-to-Date ->** $300.00	**Date (month, day, year)** 03/15/200	**Amount of Each Receipt this Period** $300.00
B. Full Name, Mailing Address and Zip Code Muriel Hines 5280 North Ocean Drive, #5A Singer Island, FL 33404- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** **Occupation** Retired **Aggregate Year-to-Date ->** $250.00	**Date (month, day, year)** 03/15/200	**Amount of Each Receipt this Period** $250.00
C. Full Name, Mailing Address and Zip Code Muriel Hines 5280 North Ocean Drive, #5A Singer Island, FL 33404- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** **Occupation** Retired **Aggregate Year-to-Date ->** $375.00	**Date (month, day, year)** 03/30/200	**Amount of Each Receipt this Period** $125.00
D. Full Name, Mailing Address and Zip Code E. Del Smith 4712 North 32nd Street Arlington, VA 22207- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Requested **Occupation** Requested **Aggregate Year-to-Date ->** $500.00	**Date (month, day, year)** 03/23/200	**Amount of Each Receipt this Period** $500.00
E. Full Name, Mailing Address and Zip Code Joseph Guzman 256 Riverside Mount Clemens, MI 48043- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Chase Clinic **Occupation** Administrator **Aggregate Year-to-Date ->** $1000.00	**Date (month, day, year)** 03/23/200	**Amount of Each Receipt this Period** $1000.00
F. Full Name, Mailing Address and Zip Code Nancy Van Coverden 6782 Wellesley Drive Woodbridge, VA 22192- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** **Occupation** Homemaker **Aggregate Year-to-Date ->** $1000.00	**Date (month, day, year)** 03/23/200	**Amount of Each Receipt this Period** $1000.00
G. Full Name, Mailing Address and Zip Code Tom Van Coverden 6782 Wellesley Drive Woodbridge, VA 22192- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Natl. Assoc.of Comm. Health Ce **Occupation** President **Aggregate Year-to-Date ->** $1000.00	**Date (month, day, year)** 03/23/200	**Amount of Each Receipt this Period** $1000.00

SUBTOTAL of Receipts This Page (optional)	$4175.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 26 OF 32

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

A. Full Name, Mailing Address and Zip Code John Esselink 1500 Shore Club Drive, #1540 Saint Clair Shores, MI 48080- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Comm. Health Assoc. Inc **Occupation** Principal **Aggregate Year-to-Date ->** $1000.00	**Date (month, day, year)** 03/23/200	**Amount of Each Receipt this Period** $1000.00
B. Full Name, Mailing Address and Zip Code Rick Camp 1223 Defoors Court, NW Atlanta, GA 30318- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Rick L. Camp & Assoc. **Occupation** President **Aggregate Year-to-Date ->** $1000.00	**Date (month, day, year)** 03/23/200	**Amount of Each Receipt this Period** $1000.00
C. Full Name, Mailing Address and Zip Code Laurance Gay 143 East Canaan Road East Canaan, CT 06024- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Business Strategies & Insight **Occupation** President **Aggregate Year-to-Date ->** $1000.00	**Date (month, day, year)** 03/23/200	**Amount of Each Receipt this Period** $1000.00
D. Full Name, Mailing Address and Zip Code Nancy Kissman 2000 Spanish River Road Boca Raton, FL 33432- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Marina Management Services **Occupation** Chief Financial Officer **Aggregate Year-to-Date ->** $500.00	**Date (month, day, year)** 03/23/200	**Amount of Each Receipt this Period** $500.00
E. Full Name, Mailing Address and Zip Code David Rinker 556 Muirfield Drive Atlantis, FL 33462- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Self **Occupation** Educator **Aggregate Year-to-Date ->** $1000.00	**Date (month, day, year)** 03/27/200	**Amount of Each Receipt this Period** $1000.00
F. Full Name, Mailing Address and Zip Code J. Helena Perry P. O. Box 4409 Pequesta, FL 33469- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Energy Partners **Occupation** Exec. Director **Aggregate Year-to-Date ->** $1000.00	**Date (month, day, year)** 03/27/200	**Amount of Each Receipt this Period** $1000.00
G. Full Name, Mailing Address and Zip Code Kenneth Kies 6109 Franklin Park Road McLean, VA 22101- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** $1000.00	**Date (month, day, year)** 03/27/200	**Amount of Each Receipt this Period** $1000.00

SUBTOTAL of Receipts This Page (optional)	$6500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Carl Herndon 2720 NE 44th Street Lighthouse Point, FL 33064-	Jupiter Marine International, President	03/27/200	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$250.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Bradley Middlebrook 1801 Royal Palm Way Boca Raton, FL 33432-	 Retired	03/27/200	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Russell Cartwright 1520 North Highland Street Arlington, VA 22201-	Requested Requested	03/29/200	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$500.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Panza 9600 North Federal Highway, 3rd FL Ft.Lauderdale, FL 33308-	Panza Maurer May Ward & Noe Attorney	03/29/200	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Rosalee Roberts 3540 Reservoir Road, NW Washington, DC 20007-	 Requested	03/30/200	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$250.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Leonard Miller Requested	 	03/30/200	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Walter Saheb 1254 Dunn Meadow Court Vienna, VA 22182-	 Requested	03/30/200	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$500.00	

SUBTOTAL of Receipts This Page (optional)	$4500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 28 OF 32

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bill Lowery 1341 G Street, NW, Suite 200 Washington, DC 20005-	Occupation: Requested	03/30/200	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	
B. Full Name, Mailing Address and Zip Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Michael Rabinovitch 3 SW 129th Avenue Pembroke Pines, FL 33027-	Claire's Stores, Inc. Occupation: VP of Finance	03/30/200	$1000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	
C. Full Name, Mailing Address and Zip Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Michael Rabinovitch 3 SW 129th Avenue Pembroke Pines, FL 33027-	Claire's Stores, Inc. Occupation: VP of Finance	03/30/200	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$2000.00	
D. Full Name, Mailing Address and Zip Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Kathleen Rossi 3 SW 129th Avenue Pembroke Pines, FL 33027-	Claire's Stores, Inc. Occupation: VP of Taxation	03/30/200	$1000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	
E. Full Name, Mailing Address and Zip Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Kathleen Rossi 3 SW 129th Avenue Pembroke Pines, FL 33027-	Claire's Stores, Inc. Occupation: VP of Taxation	03/30/200	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$2000.00	
F. Full Name, Mailing Address and Zip Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Sam Fox 7701 Forsyth Blvd., Suite 600 Saint Louis, MO 63105-	Occupation: Requested	03/31/200	$500.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	$500.00	
G. Full Name, Mailing Address and Zip Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Daniel Kanell 6000 North Federal Highway Ft.Lauderdale, FL 33308-	Occupation: Physician	03/31/200	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$500.00	

SUBTOTAL of Receipts This Page (optional)	$6000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Daniel Kanell 6000 North Federal Highway Ft.Lauderdale, FL 33308-	Occupation Physician	03/31/200	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$750.00	
B. Full Name, Mailing Address and Zip Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Shawn Smeallie 1310 Bishop Lane Alexandria, VA 22302-	American Continental Group Occupation Partner	03/31/200	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$250.00	
C. Full Name, Mailing Address and Zip Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
John Cline 4501 North 35th Road Arlington, VA 22207-	American Continental Group Occupation Director	03/31/200	$400.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$400.00	
D. Full Name, Mailing Address and Zip Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
E. Gerald Cooper P.O. Box 7415 Fort Lauderdale, FL 33338-	Cooper Realty Occupation	03/31/200	$350.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$350.00	
E. Full Name, Mailing Address and Zip Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Charles Royal 602 NW 1st Street South Bay, FL 33493-	The Royal Companies Occupation Executive	03/31/200	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$250.00	
F. Full Name, Mailing Address and Zip Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Bernice Schwenke 2780 East Oakland Park Blvd. Fort Lauderdale, FL 33306-	Occupation	03/31/200	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$500.00	
G. Full Name, Mailing Address and Zip Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
William Davidge 3055 Harbor Drive, #1201 Ft. Lauderdale, FL 33316-	Indian Ditch Ranch Occupation Farmer	03/31/200	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$250.00	

SUBTOTAL of Receipts This Page (optional)	$2250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 30 OF 32

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

A. Full Name, Mailing Address and Zip Code Cindy Silver Silver & Silver 42 West Lancaster Avenue, 3rd Floor Ardmore, PA 19003- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Self **Occupation** Lawyer **Aggregate Year-to-Date ->** $250.00	**Date (month, day, year)** 03/31/200	**Amount of Each Receipt this Period** $250.00
B. Full Name, Mailing Address and Zip Code Mike Silver Silver & Silver 42 West Lancaster Avenue, 3rd Floor Ardmore, PA 19003- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Self **Occupation** Lawyer **Aggregate Year-to-Date ->** $250.00	**Date (month, day, year)** 03/31/200	**Amount of Each Receipt this Period** $250.00
C. Full Name, Mailing Address and Zip Code Jeff Leventhal Leventhal & Sutton One Oxford Valley - Suite 317 Langhorne, PA 19047- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Self **Occupation** Lawyer **Aggregate Year-to-Date ->** $500.00	**Date (month, day, year)** 03/31/200	**Amount of Each Receipt this Period** $500.00
D. Full Name, Mailing Address and Zip Code Tom Sutton Leventhal & Sutton One Oxford Valley - Suite 317 Langhorne, PA 19047- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Self **Occupation** Lawyer **Aggregate Year-to-Date ->** $500.00	**Date (month, day, year)** 03/31/200	**Amount of Each Receipt this Period** $500.00
E. Full Name, Mailing Address and Zip Code Daniel Manring Manring & Farrell 167 North High Street Columbus, OH 43215- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Self **Occupation** Lawyer **Aggregate Year-to-Date ->** $500.00	**Date (month, day, year)** 03/31/200	**Amount of Each Receipt this Period** $500.00
F. Full Name, Mailing Address and Zip Code Clifford Farrell Manring & Farrell 167 North High Street Columbus, OH 43215- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Self **Occupation** Lawyer **Aggregate Year-to-Date ->** $500.00	**Date (month, day, year)** 03/31/200	**Amount of Each Receipt this Period** $500.00
G. Full Name, Mailing Address and Zip Code Robert Victor 1535 South Ocean Drive Ft. Lauderdale, FL 33316- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Victor Trust **Occupation** Administrator **Aggregate Year-to-Date ->** $500.00	**Date (month, day, year)** 03/31/200	**Amount of Each Receipt this Period** $500.00

SUBTOTAL of Receipts This Page (optional)	$3000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A — ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Sanford Kuvin 149 East Inlet Drive Palm Beach, FL 33480-	Occupation: Physician	03/31/200	$205.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		$205.00
B. Dragica Newton 14986 Cypress Island Court Palm Beach Gardens, FL 33410-	Occupation	03/31/200	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		$500.00
C. Thomas Bonner 1200 New Hampshire Avenue, NW, Suite 300 Washington, DC 20036-	Name of Employer: Mid American Occupation: Federal Affairs Rep.	03/31/200	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		$250.00
D. Michael Winer 3 SW 129th Avenue Pembroke Pines, FL 33027-	Occupation	03/31/200	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		$1000.00
E. Michael Winer 3 SW 129th Avenue Pembroke Pines, FL 33027-	Occupation	03/31/200	$1000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->		$2000.00
F. Lawrence Puckett 201 NE 25th Avenue North Miami Beach, FL 33180-	Name of Employer: Retired Occupation	03/31/200	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		$1000.00
G. Fred Frailey 1323 Kirby Road Mc Lean, VA 22101-	Occupation: Requested	03/31/200	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		$250.00

SUBTOTAL of Receipts This Page (optional)	$4205.00
TOTAL This Period (last page this line number only)	

SCHEDULE A — ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. John N. Jameson PO Box 453 Plaistow, NH 03865-	Occupation: Requested	03/31/200	$300.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date -> $300.00		
B. Sharyn Berman 2758 Rhone Drive Palm Beach Gardens, FL 33410-	Occupation: Requested	03/31/200	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date -> $500.00		
C. T. Peter Downing 11952 South Edgewater Drive Palm Beach Gardens, FL 33410-	Occupation: Physician	03/31/200	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date -> $1000.00		
D. T. Peter Downing 11952 South Edgewater Drive Palm Beach Gardens, FL 33410-	Occupation: Physician	03/31/200	$1000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date -> $2000.00		
E. Full Name, Mailing Address and Zip Code ,	Name of Employer / Occupation	/ /	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		
F. Full Name, Mailing Address and Zip Code ,	Name of Employer / Occupation	/ /	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		
G. Full Name, Mailing Address and Zip Code ,	Name of Employer / Occupation	/ /	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		

SUBTOTAL of Receipts This Page (optional)	$2500.00
TOTAL This Period (last page this line number only)	$119030.00

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1

FOR LINE NUMBER 11(b)

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NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

A. Full Name, Mailing Address and Zip Code Florida Congressional Committee 16537 West Dixie Highway North Miami Beach, FL 33160- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Florida Congressional Committe Occupation PAC Aggregate Year-to-Date -> $5000.00	Date (month, day, year) 03/09/200	Amount of Each Receipt this Period $5000.00
B. Full Name, Mailing Address and Zip Code Committee for Sam Gibbons 940 South Sterling Street Tampa, FL 33629- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> $500.00	Date (month, day, year) 03/29/200	Amount of Each Receipt this Period $500.00
C. Full Name, Mailing Address and Zip Code Oxley For Congress Michael Oxley Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> $1000.00	Date (month, day, year) 03/31/200	Amount of Each Receipt this Period $1000.00
D. Full Name, Mailing Address and Zip Code Dan Miller For Congress Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> $1000.00	Date (month, day, year) 03/31/200	Amount of Each Receipt this Period $1000.00
E. Full Name, Mailing Address and Zip Code Tillie Fowler For Congress The Honorable Tillie Fowler PO Box 380087 Jacksonville, FL 32205- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> $1000.00	Date (month, day, year) 03/31/200	Amount of Each Receipt this Period $1000.00
F. Full Name, Mailing Address and Zip Code Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
G. Full Name, Mailing Address and Zip Code Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	$9500.00
TOTAL This Period (last page this line number only)	$8500.00

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 19

FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Title Industry Political Action Committe 1828 L Street, N.W. Washington, DC 20036-	Title Industry Political Actio	03/31/200	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Dir.Govt Aff	Aggregate Year-to-Date ->	$1000.00

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sea-Land Associates Good Gov. Fund 1331 Pennsylvania Ave. NW 560 Washington, DC 20004-	Sea-Land Good Government Fund	03/29/200	$1000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation: PAC	Aggregate Year-to-Date ->	$1000.00

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Optometric Association PAC 1505 Prince Street 300 Alexandria, VA 22314-	American Optometric Associatio	03/03/200	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Mgr.	Aggregate Year-to-Date ->	$1000.00

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Optometric Association PAC 1505 Prince Street 300 Alexandria, VA 22314-	American Optometric Associatio	03/15/200	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Mgr.	Aggregate Year-to-Date ->	$2000.00

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Optometric Association PAC 1505 Prince Street 300 Alexandria, VA 22314-	American Optometric Associatio	03/31/200	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Mgr.	Aggregate Year-to-Date ->	$3000.00

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Business-Industry P. A. C. 1747 Pennsylvania Ave.,NW #250 Washington, DC 20006-	Business-Industry P.A.C.	02/03/200	$40.74
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: PAC	Aggregate Year-to-Date ->	$40.74 IN-KIND

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Business-Industry P. A. C. 1747 Pennsylvania Ave.,NW #250 Washington, DC 20006-	Business-Industry P.A.C.	02/11/200	$42.37
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: PAC	Aggregate Year-to-Date ->	$83.11 IN-KIND

SUBTOTAL of Receipts This Page (optional)	$5083.11
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 2 OF 19

FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. American Dental Political Action Comm. 1111 14th Street, N.W. 1100 Washington, DC 20005- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: American Dental Political Acti Occupation: P.A.C. Aggregate Year-to-Date -> $403.18	02/22/200	$403.18 IN-KIND
B. American Maritime Officers Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: American Maritime Officer Occupation: PAC Aggregate Year-to-Date -> $1000.00	03/30/200	$1000.00
C. American Express PAC 1020 19th Street, N.W. Washington, DC 20036- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: American Express Comm. for Res Occupation: VP Govt Aff Aggregate Year-to-Date -> $1000.00	03/30/200	$1000.00
D. Independent Ins. Agents of America PAC 412 First Street, SE 300 Washington, DC 20003- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: Independent Ins. Agents of Ame Occupation: PAC Aggregate Year-to-Date -> $200.00	03/31/200	$200.00
E. National Restaurant Assoc PAC 1200 17th Street, NW Washington, DC 20036- Receipt For: [ ] Primary [X] General [ ] Other (specify)	Name of Employer: National Restaurant Assoc PAC Occupation: P.A.C. Aggregate Year-to-Date -> $2000.00	03/20/200	$2000.00
F. Associated General Contractors 1957 E Street, N.W. Washington, DC 20006- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: Associated General Contracto Occupation: PAC Aggregate Year-to-Date -> $500.00	03/31/200	$500.00
G. National Federation of Independent Busin 600 Maryland Avenue, SW 700 Washington, DC 20024- Receipt For: [ ] Primary [X] General [ ] Other (specify)	Name of Employer: National Federation of Indepen Occupation: PAC Aggregate Year-to-Date -> $5000.00	03/03/200	$5000.00

SUBTOTAL of Receipts This Page (optional)	$10103.18
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 3 OF 19

FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

A. Full Name, Mailing Address and Zip Code Walt Disney Co. Employees PAC 1101 17th St.,N.W. 501 Washington, DC 20036-	**Name of Employer** Walt Disney Co. Employees PAC **Occupation** PAC	**Date (month, day, year)** 03/30/200	**Amount of Each Receipt this Period** $1000.00
Receipt for: [X] Primary [ ] General [ ] Other (specify)	**Aggregate Year-to-Date ->**	$1000.00	
B. Full Name, Mailing Address and Zip Code Harris FEPAC 1025 West Nasa Blvd. Melbourne, FL 32919-	**Name of Employer** Harris FEPAC **Occupation** PAC	**Date (month, day, year)** 03/23/200	**Amount of Each Receipt this Period** $4000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Aggregate Year-to-Date ->**	$4000.00	
C. Full Name, Mailing Address and Zip Code American Trucking PAC 430 First Street, S.E. Washington, DC 20003-	**Name of Employer** American Trucking PAC **Occupation** PAC	**Date (month, day, year)** 03/31/200	**Amount of Each Receipt this Period** $1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Aggregate Year-to-Date ->**	$1000.00	
D. Full Name, Mailing Address and Zip Code Florida Power and Light PAC Mr. Michael Wilson 801 Penn. Avenue, NW, #640 Washington, DC 20004-	**Name of Employer** Florida Power and Light PAC **Occupation**	**Date (month, day, year)** 03/31/200	**Amount of Each Receipt this Period** $1000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	**Aggregate Year-to-Date ->**	$1000.00	
E. Full Name, Mailing Address and Zip Code PowerPAC A PAC of Florida Power Corp. P.O. Box 14042 St. Petersburg, FL 33733-	**Name of Employer** Public Ownership of Electric **Occupation** PAC	**Date (month, day, year)** 03/30/200	**Amount of Each Receipt this Period** $500.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	**Aggregate Year-to-Date ->**	$500.00	
F. Full Name, Mailing Address and Zip Code Federation of American Health Systems 1111 19th Street, N.W. 402 Washington, DC 20036-	**Name of Employer** Federation of American Health **Occupation** PAC	**Date (month, day, year)** 03/09/200	**Amount of Each Receipt this Period** $1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Aggregate Year-to-Date ->**	$1000.00	
G. Full Name, Mailing Address and Zip Code CSX Transportation, Inc. PAC 1331 Pennsylvania Ave NW 560 Washington, DC 20004-	**Name of Employer** CSX Transportation, Inc. PAC **Occupation** PAC	**Date (month, day, year)** 03/17/200	**Amount of Each Receipt this Period** $1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Aggregate Year-to-Date ->**	$1000.00	

SUBTOTAL of Receipts This Page (optional)	$9500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 4 OF 19

FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

A. Full Name, Mailing Address and Zip Code Civic Involvement Program General Motors 1660 L Street, N.W. Washington, DC 20036- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Civic Involvement Program Gene **Occupation** Dir.Wash.Off **Aggregate Year-to-Date ->** $1000.00	**Date (month, day, year)** 03/31/200	**Amount of Each Receipt this Period** $1000.00
B. Full Name, Mailing Address and Zip Code ESOP PAC 1726 M Street, NW, #501 Washington, DC 20036- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** PAC **Occupation** PAC **Aggregate Year-to-Date ->** $1000.00	**Date (month, day, year)** 03/17/200	**Amount of Each Receipt this Period** $1000.00
C. Full Name, Mailing Address and Zip Code National Venture Capital Assoc. 1050 17 Street, NW 810 Washington, DC 20036- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** National Venture Capital Assoc **Occupation** PAC **Aggregate Year-to-Date ->** $5000.00	**Date (month, day, year)** 03/23/200	**Amount of Each Receipt this Period** $5000.00
D. Full Name, Mailing Address and Zip Code Holland & Knight Comm. For Effective Gov Mrs. Janet Studley 2100 Penn. Ave. NW, #400 Washington, DC 20037- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Holland & Knight Comm. For Eff **Occupation** P.A.C. **Aggregate Year-to-Date ->** $1000.00	**Date (month, day, year)** 03/31/200	**Amount of Each Receipt this Period** $1000.00
E. Full Name, Mailing Address and Zip Code Television & Radio PAC (TARPAC) 1771 N Street, N.W. Washington, DC 20036- **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Television & Radio PAC (TARPAC **Occupation** PAC **Aggregate Year-to-Date ->** $1000.00	**Date (month, day, year)** 03/29/200	**Amount of Each Receipt this Period** $1000.00
F. Full Name, Mailing Address and Zip Code International Council of Shopping Center 1199 N Fairfax Street 204 Alexandria, VA 22314- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** International Council of Shopp **Occupation** PAC **Aggregate Year-to-Date ->** $2000.00	**Date (month, day, year)** 03/31/200	**Amount of Each Receipt this Period** $2000.00
G. Full Name, Mailing Address and Zip Code Akin, Gump, Strauss, Hauer & Feld 1333 New Hampshire Ave,NW 400 Washington, DC 20036- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Akin, Gump, Strauss, Hauer & F **Occupation** **Aggregate Year-to-Date ->** $1000.00	**Date (month, day, year)** 03/09/200	**Amount of Each Receipt this Period** $1000.00

SUBTOTAL of Receipts This Page (optional)	$12000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 5 OF 19

FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

A. Full Name, Mailing Address and Zip Code National Association of Chain Drug Store P.O. Box 1417-D49 Alexandria, VA 22313- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** National Association of Chain **Occupation** **Aggregate Year-to-Date ->** $1000.00	**Date (month, day, year)** 03/03/200	**Amount of Each Receipt this Period** $1000.00
B. Full Name, Mailing Address and Zip Code Union Pacific Fund For Effective Governm 555 13 Street, N.W. 450-W Washington, DC 20004- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Union Pacific Fund For Effecti **Occupation** P.A.C. **Aggregate Year-to-Date ->** $1000.00	**Date (month, day, year)** 03/31/200	**Amount of Each Receipt this Period** $1000.00
C. Full Name, Mailing Address and Zip Code Distilled Spirits PAC 1250 Eye Street, N.W. 900 Washington, DC 20005- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Distilled Spirits PAC (DISPAC) **Occupation** **Aggregate Year-to-Date ->** $1000.00	**Date (month, day, year)** 03/31/200	**Amount of Each Receipt this Period** $1000.00
D. Full Name, Mailing Address and Zip Code Abbott Laboratories Better Gov't. , Fund Rt.137 & Waukegan Road N. Chicago, IL 60064- **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Abbott Laboratories Better Gov **Occupation** PAC **Aggregate Year-to-Date ->** $1000.00	**Date (month, day, year)** 03/15/200	**Amount of Each Receipt this Period** $1000.00
E. Full Name, Mailing Address and Zip Code Responsible Gov. Comm. of Gulf Employees 1130 Connecticut Ave.,NW 830 Washington, DC 20036- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Responsible Gov. Comm. of Gulf **Occupation** PAC **Aggregate Year-to-Date ->** $1000.00	**Date (month, day, year)** 03/31/200	**Amount of Each Receipt this Period** $1000.00
F. Full Name, Mailing Address and Zip Code Pfizer PAC 235 E 42 Street New York, NY 10017- **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Pfizer PAC **Occupation** PAC **Aggregate Year-to-Date ->** $1000.00	**Date (month, day, year)** 03/03/200	**Amount of Each Receipt this Period** $1000.00
G. Full Name, Mailing Address and Zip Code Arizona Public Service Co. , PAC P.O. Box 53999 Phoenix, AZ 85072-3999 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Arizona Public Service Co., PA **Occupation** PAC **Aggregate Year-to-Date ->** $500.00	**Date (month, day, year)** 03/31/200	**Amount of Each Receipt this Period** $500.00

SUBTOTAL of Receipts This Page (optional)	$6500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

A. Full Name, Mailing Address and Zip Code Boat Owners Assn. of the U. S. 880 S Pickett Street Alexandria, VA 22304- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Boat Owners Association of the **Occupation** PAC **Aggregate Year-to-Date ->** $1000.00	**Date (month, day, year)** 03/30/200	**Amount of Each Receipt this Period** $1000.00
B. Full Name, Mailing Address and Zip Code National Association of Temporary Serv. 119 S St. Asaph Street Alexandria, VA 22314- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** National Association of Tempor **Occupation** PAC **Aggregate Year-to-Date ->** $1000.00	**Date (month, day, year)** 03/31/200	**Amount of Each Receipt this Period** $1000.00
C. Full Name, Mailing Address and Zip Code United Parcel Service PAC (UPSPAC) 55 Glenlake Parkway NE Atlanta, GA 30328- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** United Parcel Service PAC (UPS **Occupation** PAC **Aggregate Year-to-Date ->** $500.00	**Date (month, day, year)** 03/16/200	**Amount of Each Receipt this Period** $500.00 IN-KIND
D. Full Name, Mailing Address and Zip Code National Emergency Medical PAC (NEMPAC) 1125 Executive Circle Irving, TX 75038- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** National Emergency Medicine PA **Occupation** PAC **Aggregate Year-to-Date ->** $1000.00	**Date (month, day, year)** 03/03/200	**Amount of Each Receipt this Period** $1000.00
E. Full Name, Mailing Address and Zip Code Joseph E. Seagram and Sons 1455 Pennsylvania Ave.,NW 600 Washington, DC 20004- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Joseph E. Seagram, Inc. PAC **Occupation** PAC **Aggregate Year-to-Date ->** $2500.00	**Date (month, day, year)** 03/31/200	**Amount of Each Receipt this Period** $2500.00
F. Full Name, Mailing Address and Zip Code Heublein Employees Pol. Participation Co P.O. Box 388 Farmington, CT 06034- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Heublein Employees Pol. Partic **Occupation** **Aggregate Year-to-Date ->** $1000.00	**Date (month, day, year)** 03/31/200	**Amount of Each Receipt this Period** $1000.00
G. Full Name, Mailing Address and Zip Code Norfolk Southern Corp. Good Gov. Fund 1500 K Street, N.W. 375 Washington, DC 20005- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Norfolk Southern Corp. Good Co **Occupation** PAC **Aggregate Year-to-Date ->** $1000.00	**Date (month, day, year)** 03/29/200	**Amount of Each Receipt this Period** $1000.00

SUBTOTAL of Receipts This Page (optional)	$8000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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PAGE 7 OF 19

FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bristol-Myers Squibb Company PAC 345 Park Ave, 43rd Floor 43-17 New York, NY 10154-	Bristol-Myers Squibb Company P	03/03/200	$571.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: VP,Govt Aff.	Aggregate Year-to-Date ->	$571.00

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Investment Management PAC 1600 M Street, N.W. 702 Washington, DC 20036-	ICI Americas PAC ICI Americas	03/31/200	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: PAC	Aggregate Year-to-Date ->	$1000.00

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Resort Development Assn. 1220 L Street, N.W. 5 Fl Washington, DC 20005-	American Resort & Residential	03/30/200	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation	Aggregate Year-to-Date ->	$1000.00

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Resort Development Assn. 1220 L Street, N.W. 5 Fl Washington, DC 20005-	American Resort & Residential	03/30/200	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation	Aggregate Year-to-Date ->	$2000.00

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Independent Bakers Assoc. P. A.C. 1223 Potomac Street NW Washington, DC 20007-	Independent Bakers Assoc. P.A.	03/29/200	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation	Aggregate Year-to-Date ->	$500.00

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Independent Bakers Assoc. P. A.C. 1223 Potomac Street NW Washington, DC 20007-	Independent Bakers Assoc. P.A.	03/31/200	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation	Aggregate Year-to-Date ->	$1500.00

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Power P. A. C. Edison Electric Institute 1111 19th Street, N.W. Washington, DC 20036-	Power P.A.C. Edison Electric I	03/31/200	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation	Aggregate Year-to-Date ->	$1000.00

SUBTOTAL of Receipts This Page (optional)	$6071.00
TOTAL This Period (last page this line number only)	

SCHEDULE A — ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. REITPAC P.O.Box 65195 Washington, DC 20035- Receipt For: [ ] Primary [X] General [ ] Other (specify)	REITPAC-Nat'l Assoc. of R.E. I / PAC	03/30/200	$4000.00
	Aggregate Year-to-Date ->		$4000.00
B. REITPAC P.O.Box 65195 Washington, DC 20035- Receipt For: [X] Primary [ ] General [ ] Other (specify)	REITPAC-Nat'l Assoc. of R.E. I / PAC	03/31/200	$2000.00
	Aggregate Year-to-Date ->		$6000.00
C. Ford Motor Company Civic Action Fund The American Road Dearborn, MI 48121- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Ford Motor Company Civic Actio / PAC	03/31/200	$1000.00
	Aggregate Year-to-Date ->		$1000.00
D. R. Duffy Wall and Associates 6011317 F St., N.W., 400 Washington, DC 20004- Receipt For: [X] Primary [ ] General [ ] Other (specify)	R. Duffy Wall and Associates / V.P.	03/31/200	$1000.00
	Aggregate Year-to-Date ->		$1000.00
E. Southeastern Lumber Mfrs. PAC 671 Forest Parkway Forest Park, GA 30050- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Southeastern Lumber Mfrs. PAC / PAC	03/29/200	$1000.00
	Aggregate Year-to-Date ->		$1000.00
F. American Podiatric Medical Association 9312 Old Georgetown Road. Bethesda, MD 20814- Receipt For: [X] Primary [ ] General [ ] Other (specify)	American Podiatric Medical Ass / Dir. Gov. Af	02/28/200	$1000.00
	Aggregate Year-to-Date ->		$1000.00
G. BellSouth Telecom. Federal PAC 150 S Monroe St 400 Tallahassee, FL 32301- Receipt For: [X] Primary [ ] General [ ] Other (specify)	BellSouth Telecom.Federal PAC / PAC	03/15/200	$3000.00
	Aggregate Year-to-Date ->		$3000.00

SUBTOTAL of Receipts This Page (optional)	$13000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
American Society of Assoc Executives 1575 Eye St., N.W. Washington, DC 20005- Receipt For: [X] Primary [ ] General [ ] Other (specify)	American Society of Assoc Exec PAC Aggregate Year-to-Date -> $1000.00	03/03/200	$1000.00
B. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
American Society of Assoc Executives 1575 Eye St., N.W. Washington, DC 20005- Receipt For: [X] Primary [ ] General [ ] Other (specify)	American Society of Assoc Exec PAC Aggregate Year-to-Date -> $1500.00	03/29/200	$500.00
C. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
National Marine Manuf. Association 1000 Thos. Jef. St., NW 525 Washington, DC 20007-3835 Receipt For: [ ] Primary [X] General [ ] Other (specify)	National Marine Manuf. Associa PAC Aggregate Year-to-Date -> $5000.00	03/27/200	$5000.00
D. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Brown & Williamson Tobacco P.O. Box 35090 Louisville, KY 40232- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Brown & Williamson Tobacco Cor PAC Aggregate Year-to-Date -> $1000.00	03/27/200	$1000.00
E. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Merck PAC: U. S. 1615 L Str., N.W. 1320 Washington, DC 20036- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Merck PAC: U.S. PAC Aggregate Year-to-Date -> $1000.00	03/09/200	$1000.00
F. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
American Society of Anesthes. PAC (ASAPA 515 Busse Highway Park Ridge, IL 60068- Receipt For: [ ] Primary [X] General [ ] Other (specify)	American Society of Anesthes. PAC Aggregate Year-to-Date -> $1000.00	02/28/200	$1000.00
G. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
National Ready Mixed Concrete PAC 900 Spring Street Silver Spring, MD 20910- Receipt For: [X] Primary [ ] General [ ] Other (specify)	National Ready Mixed Concrete PAC Aggregate Year-to-Date -> $1000.00	03/31/200	$1000.00

SUBTOTAL of Receipts This Page (optional)	$10500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 10 OF 19

FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Free Cuba PAC 8900 SW 117th Avenue, No. 205C Miami, FL 33176-	Free Cuba PAC Occupation PAC	03/31/200	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Skadden Arps P. A. C. 1440 New York Ave, NW Washington, DC 20005-	Occupation	03/31/200	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Metropolitan Life Ms. Kate Carey 1620 L Street, NW, #800 Washington, DC 20036-	Occupation	03/31/200	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Metropolitan Life Ms. Kate Carey 1620 L Street, NW, #800 Washington, DC 20036-	Occupation	03/31/200	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$2000.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AFLAC Inc. PAC PAC Director AFLAC Center Columbus, GA 31999-	Occupation PAC	03/03/200	$4000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$4000.00	

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MBNA Corp. Federal PAC Mr. Jim Smith 1500 K Street, NW, #325 Washington, DC 20005-	Occupation PAC	03/29/200	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MBNA Corp. Federal PAC Mr. Jim Smith 1500 K Street, NW, #325 Washington, DC 20005-	Occupation PAC	03/30/200	$1000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	$2000.00	

SUBTOTAL of Receipts This Page (optional)	$10000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Equipment Leasing Assoc. Mr. Steven I. Fier 1300 North 17th Street, #1010 Arlington, VA 22209-	Occupation PAC	03/27/200	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Zeneca Inc. PAC 1600 M Street, NW, #702 Washington, DC 20036-	Occupation PAC	03/03/200	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SmithKline Beecham PAC One Franklin Plaza P. O. Box 7929 Philadelphia, PA 19101-	Occupation PAC	03/03/200	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$500.00	

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
House PAC 2700 Sanders Road Prospect Heights, IL 60070-	Household International Occupation PAC	03/23/200	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
International Assoc. of Holiday Inns Three Ravinia Drive, #2000 Atlanta, GA 30346-	Occupation	03/31/200	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$500.00	

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Grocery Manufacturers of America Inc. 1010 Wisconsin Avenue, NW, #900 Washington, DC 20007-	Occupation	03/31/200	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
USAA Group PAC 655 15th Street, NW, #400 Washington, DC 20005-	Occupation	03/14/200	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	

SUBTOTAL of Receipts This Page (optional)	$6000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 12 OF 19

FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

A. Full Name, Mailing Address and Zip Code PECOPAC Mr. David Woods 2301 Market Street Philadelphia, PA 19101- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** $1000.00	**Date (month, day, year)** 03/30/200	**Amount of Each Receipt this Period** $1000.00
B. Full Name, Mailing Address and Zip Code Credit Union Legis. Action Council 805 15th Street, NW, #300 Washington D. C., DC 20005- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** $1000.00	**Date (month, day, year)** 03/15/200	**Amount of Each Receipt this Period** $1000.00
C. Full Name, Mailing Address and Zip Code Credit Union Legis. Action Council 805 15th Street, NW, #300 Washington D. C., DC 20005- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** $2000.00	**Date (month, day, year)** 03/31/200	**Amount of Each Receipt this Period** $1000.00
D. Full Name, Mailing Address and Zip Code ArchiPac-The Am. Institute of Architects 1735 New York Avenue, NW Washington, DC 20006- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** $1000.00	**Date (month, day, year)** 03/31/200	**Amount of Each Receipt this Period** $1000.00
E. Full Name, Mailing Address and Zip Code Interstate Natural Gas Assoc. 555 13th Street, NW, #300W Washington, DC 20004- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** $500.00	**Date (month, day, year)** 03/30/200	**Amount of Each Receipt this Period** $500.00
F. Full Name, Mailing Address and Zip Code Professionals in Advertising 40 West 23rd Street New York, NY 10010- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** $1000.00	**Date (month, day, year)** 03/29/200	**Amount of Each Receipt this Period** $1000.00
G. Full Name, Mailing Address and Zip Code Professionals in Advertising 40 West 23rd Street New York, NY 10010- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** $2000.00	**Date (month, day, year)** 03/30/200	**Amount of Each Receipt this Period** $1000.00

SUBTOTAL of Receipts This Page (optional)	$6500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 13 OF 19

FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and Zip Code Boeing PAC P. O. Box 3707 M/S 14-49 Seattle, WA 98124-		03/27/200	$1000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	$1000.00	
B. Full Name, Mailing Address and Zip Code SBC Telecommunications PAC 175 East Houston, #6-F-08 San Antonio, TX 78205-		03/27/200	$1000.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date ->	$1000.00	
C. Full Name, Mailing Address and Zip Code SBC Telecommunications PAC 175 East Houston, #6-F-08 San Antonio, TX 78205-		03/27/200	$1000.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date ->	$2000.00	
D. Full Name, Mailing Address and Zip Code National Society of Public Accountants 1010 North Fairfax Street Alexandria, VA 22314-		03/31/200	$1000.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date ->	$1000.00	
E. Full Name, Mailing Address and Zip Code Association of Am. Railroads 50 F Street, NW Washington, DC 20001-		03/30/200	$1000.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date ->	$1000.00	
F. Full Name, Mailing Address and Zip Code Magazine Publishers Assoc. PAC 1211 Connecticut Ave., NW, #610 Washington, DC 20036-		03/31/200	$500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date ->	$500.00	
G. Full Name, Mailing Address and Zip Code NRLCA PAC 1630 Duke Street, 4th Floor Alexandria, VA 22314-		03/31/200	$1000.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date ->	$1000.00	

SUBTOTAL of Receipts This Page (optional)	$6500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 14 OF 19

FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

A. Full Name, Mailing Address and Zip Code Motorola Civic Action Comp. Fund Washington, DC 20005-	**Name of Employer** **Occupation**	**Date (month, day, year)** 03/17/200	**Amount of Each Receipt this Period** $1000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	**Aggregate Year-to-Date ->**	$1000.00	
B. Full Name, Mailing Address and Zip Code KOCH PAC 1450 G Street, NW, #445 Washington, DC 20005-	**Name of Employer** **Occupation**	**Date (month, day, year)** 03/29/200	**Amount of Each Receipt this Period** $2000.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify)	**Aggregate Year-to-Date ->**	$2000.00	
C. Full Name, Mailing Address and Zip Code Assn. for the Advancement Psychology P. O. Box 38129 Colorado Springs, CO 80937-	**Name of Employer** **Occupation**	**Date (month, day, year)** 02/28/200	**Amount of Each Receipt this Period** $1000.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify)	**Aggregate Year-to-Date ->**	$1000.00	
D. Full Name, Mailing Address and Zip Code Pacific Life PAC Mr. Robert Haskell 700 Newport Center Drive Newport Beach, CA 92660-	**Name of Employer** **Occupation**	**Date (month, day, year)** 03/30/200	**Amount of Each Receipt this Period** $1000.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify)	**Aggregate Year-to-Date ->**	$1000.00	
E. Full Name, Mailing Address and Zip Code PriceWaterhouseCoopers Mr. Allen Waltmann 1900 K Street, NW, #900 Washington, DC 20006-	**Name of Employer** **Occupation**	**Date (month, day, year)** 03/30/200	**Amount of Each Receipt this Period** $1000.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify)	**Aggregate Year-to-Date ->**	$1000.00	
F. Full Name, Mailing Address and Zip Code Glaxo Wellcome PAC ,	**Name of Employer** Glaxo Wellcome **Occupation** Vice President, Gov't Relation	**Date (month, day, year)** 03/14/200	**Amount of Each Receipt this Period** $1000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	**Aggregate Year-to-Date ->**	$1000.00	
G. Full Name, Mailing Address and Zip Code HILLPAC ,	**Name of Employer** **Occupation**	**Date (month, day, year)** 03/23/200	**Amount of Each Receipt this Period** $500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify)	**Aggregate Year-to-Date ->**	$500.00	

SUBTOTAL of Receipts This Page (optional)	$7500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 15 OF 19

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NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

A. Full Name, Mailing Address and Zip Code Nuclear Energy Institute PAC **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** $1000.00	**Date (month, day, year)** 03/31/200	**Amount of Each Receipt this Period** $1000.00
B. Full Name, Mailing Address and Zip Code BONDPAC Mr. Frank Hampton 1445 New York Avenue NW Washington, DC 20005- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** $1000.00	**Date (month, day, year)** 03/30/200	**Amount of Each Receipt this Period** $1000.00
C. Full Name, Mailing Address and Zip Code Northern States Power Employee PAC **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** $250.00	**Date (month, day, year)** 03/31/200	**Amount of Each Receipt this Period** $250.00
D. Full Name, Mailing Address and Zip Code Society of Thoracic Surgeons PAC **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** $1000.00	**Date (month, day, year)** 03/31/200	**Amount of Each Receipt this Period** $1000.00
E. Full Name, Mailing Address and Zip Code Citigroup PAC **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** $1000.00	**Date (month, day, year)** 03/31/200	**Amount of Each Receipt this Period** $1000.00
F. Full Name, Mailing Address and Zip Code Cigar PAC **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** $1000.00	**Date (month, day, year)** 03/27/200	**Amount of Each Receipt this Period** $1000.00
G. Full Name, Mailing Address and Zip Code Tupperware Corp. PAC **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** $1000.00	**Date (month, day, year)** 02/04/200	**Amount of Each Receipt this Period** $1000.00

SUBTOTAL of Receipts This Page (optional)	$6250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 16 OF 19

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NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Neurological Surgery PAC		02/04/200	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation	Aggregate Year-to-Date ->	$1000.00

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AMGEN PAC		03/03/200	$2500.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation	Aggregate Year-to-Date ->	$2500.00

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Common Sense Leadership Fund Mr. Saxby Chambliss P. O. Box 15206 Washington, DC 20004-		03/09/200	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation	Aggregate Year-to-Date ->	$500.00

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Common Sense Leadership Fund Mr. Saxby Chambliss P. O. Box 15206 Washington, DC 20004-		03/31/200	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation	Aggregate Year-to-Date ->	$1500.00

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HealthSouth Rehabilitation PAC		03/15/200	$5000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation	Aggregate Year-to-Date ->	$5000.00

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Phillips Publishing Int'l. Inc.		03/15/200	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation	Aggregate Year-to-Date ->	$1000.00

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
United Seniors PAC, Inc.		03/17/200	$2000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation	Aggregate Year-to-Date ->	$2000.00

SUBTOTAL of Receipts This Page (optional)	$13000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 17 OF 19

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NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

A. Full Name, Mailing Address and Zip Code American Assoc. of Orthopaedic Surgeons **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** **Occupation**	**Date (month, day, year)** 03/20/200	**Amount of Each Receipt this Period** $2000.00
	Aggregate Year-to-Date ->	$2000.00	
B. Full Name, Mailing Address and Zip Code BNSF RAILPAC **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** **Occupation**	**Date (month, day, year)** 03/24/200	**Amount of Each Receipt this Period** $1000.00
	Aggregate Year-to-Date ->	$1000.00	
C. Full Name, Mailing Address and Zip Code American Apparel Manufacturers Assoc. **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** **Occupation**	**Date (month, day, year)** 03/27/200	**Amount of Each Receipt this Period** $1000.00
	Aggregate Year-to-Date ->	$1000.00	
D. Full Name, Mailing Address and Zip Code MCI Worldcom, Inc. PAC PAC Director 500 Clinton Center Drive Clinton, MS 39056- **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** **Occupation**	**Date (month, day, year)** 03/29/200	**Amount of Each Receipt this Period** $1000.00
	Aggregate Year-to-Date ->	$1000.00	
E. Full Name, Mailing Address and Zip Code Allergan Inc. PAC for Employees **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** **Occupation**	**Date (month, day, year)** 03/30/200	**Amount of Each Receipt this Period** $1000.00
	Aggregate Year-to-Date ->	$1000.00	
F. Full Name, Mailing Address and Zip Code American Moving & Storage Assoc. **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** **Occupation**	**Date (month, day, year)** 03/30/200	**Amount of Each Receipt this Period** $500.00
	Aggregate Year-to-Date ->	$500.00	
G. Full Name, Mailing Address and Zip Code Direct Voice PAC Director 1111 - 19th Street, NW, Suitee 1100 Washington, DC 20036- **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** **Occupation**	**Date (month, day, year)** 03/30/200	**Amount of Each Receipt this Period** $1000.00
	Aggregate Year-to-Date ->	$1000.00	

SUBTOTAL of Receipts This Page (optional)	$7500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 18 OF 19

FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

A. Full Name, Mailing Address and Zip Code Goodyear Good Gov. Fund Mr. T. F. Lingo **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** $1000.00	**Date (month, day, year)** 03/30/200	**Amount of Each Receipt this Period** $1000.00
B. Full Name, Mailing Address and Zip Code Northwest Airlines PAC **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** $1000.00	**Date (month, day, year)** 03/30/200	**Amount of Each Receipt this Period** $1000.00
C. Full Name, Mailing Address and Zip Code National Confectioners Assoc. **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** $500.00	**Date (month, day, year)** 03/31/200	**Amount of Each Receipt this Period** $500.00
D. Full Name, Mailing Address and Zip Code Bank of America, PAC Mr. Rex B. Wackerle 730 15th Street, NW Washington, DC 20005- **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** $1000.00	**Date (month, day, year)** 03/31/200	**Amount of Each Receipt this Period** $1000.00
E. Full Name, Mailing Address and Zip Code Sony Pictures Entertainment Inc. **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** $1000.00	**Date (month, day, year)** 03/31/200	**Amount of Each Receipt this Period** $1000.00
F. Full Name, Mailing Address and Zip Code Great Lakes Dredge & Dock Company, PAC **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** $1000.00	**Date (month, day, year)** 03/31/200	**Amount of Each Receipt this Period** $1000.00
G. Full Name, Mailing Address and Zip Code Microsoft Corporation PAC **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** $1000.00	**Date (month, day, year)** 03/31/200	**Amount of Each Receipt this Period** $1000.00

SUBTOTAL of Receipts This Page (optional)	$6500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 19 OF 19

FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

A. Full Name, Mailing Address and Zip Code Nestle USA , **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** **Occupation**	**Date (month, day, year)** 03/31/200	**Amount of Each Receipt this Period** $1000.00
	Aggregate Year-to-Date ->	$1000.00	
B. Full Name, Mailing Address and Zip Code John Hancock Financial Services, Inc. , **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** **Occupation**	**Date (month, day, year)** 03/31/200	**Amount of Each Receipt this Period** $1000.00
	Aggregate Year-to-Date ->	$1000.00	
C. Full Name, Mailing Address and Zip Code Aventis Pasteur , **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** **Occupation**	**Date (month, day, year)** 03/31/200	**Amount of Each Receipt this Period** $1000.00
	Aggregate Year-to-Date ->	$1000.00	
D. Full Name, Mailing Address and Zip Code ASHA PAC , **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** **Occupation**	**Date (month, day, year)** 03/31/200	**Amount of Each Receipt this Period** $1000.00
	Aggregate Year-to-Date ->	$1000.00	
E. Full Name, Mailing Address and Zip Code , **Receipt For:** [ ] Primary [ ] General [ ] Other (specify)	**Name of Employer** **Occupation**	**Date (month, day, year)** / /	**Amount of Each Receipt this Period**
	Aggregate Year-to-Date ->		
F. Full Name, Mailing Address and Zip Code , **Receipt For:** [ ] Primary [ ] General [ ] Other (specify)	**Name of Employer** **Occupation**	**Date (month, day, year)** / /	**Amount of Each Receipt this Period**
	Aggregate Year-to-Date ->		
G. Full Name, Mailing Address and Zip Code , **Receipt For:** [ ] Primary [ ] General [ ] Other (specify)	**Name of Employer** **Occupation**	**Date (month, day, year)** / /	**Amount of Each Receipt this Period**
	Aggregate Year-to-Date ->		

SUBTOTAL of Receipts This Page (optional)	$4000.00
TOTAL This Period (last page this line number only)	$154567.29

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1

FOR LINE NUMBER 15

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NAME OF COMMITTEE (in Full)
Friends of Clay Shaw

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NATIONSBANK One Financial Plaza Fort Lauderdale, FL 33301	Bank Checking	1/26/2000	$80.75
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation		
	Aggregate Year-to-Date > $	$80.75	

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NATIONSBANK One Financial Plaza Fort Lauderdale, FL 33301	Bank Checking	2/24/2000	$67.30
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation		
	Aggregate Year-to-Date > $	$148.05	

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NATIONSBANK One Financial Plaza Fort Lauderdale, FL 33301	Bank Checking	3/23/2000	$77.29
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation		
	Aggregate Year-to-Date > $	$225.34	

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NORTHERN TRUST SECURITIES INC 1100 E. LAS OLAS BLVD FORT LAUDERDALE, FL 33301	Security Account	1/11/2000	$5794.88
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation		
	Aggregate Year-to-Date > $	$5794.88	

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	$6020.22
TOTAL This Period (last page this line number only)	$6020.22

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 12

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Advanced Comm. Solutions 1525 NW Third Street, #5 Deerfield Beach, FL 33442-	Telephones Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/31/200	$694.04
B. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
American Dental Political Action Comm. 1111 14th Street, N.W. 1100 Washington, DC 20005-	Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	02/22/200	$403.18 IN KIND
C. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
B'nai Zion Men's 17720 North Bay Road Sunny Isles Beach, FL 33160-	Sponsor Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	03/01/200	$350.00
D. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
BCCPFF	AD Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/27/200	$350.00
E. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
BELLSOUTH P. O. Box 66002 New Orleans, LA 70166-	Service Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/24/200	$206.24
F. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
BELLSOUTH P. O. Box 66002 New Orleans, LA 70166-	Service Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/24/200	$28.09
G. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
BELLSOUTH P. O. Box 66002 New Orleans, LA 70166-	Service Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/28/200	$51.28

SUBTOTAL of Disbursements This Page (optional)	$2082.83
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 2 OF 12

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BELLSOUTH P. O. Box 66002 New Orleans, LA 70166-	Service Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/03/200	$27.55
B. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
BELLSOUTH P. O. Box 66002 New Orleans, LA 70166-	Service Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/21/200	$164.39
C. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Bank of America P. O. Box 85350 Louisville, KY 40285-	Expenses Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/01/200	$335.74
D. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Bank of America P. O. Box 85350 Louisville, KY 40285-	Expenses Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/07/200	$75.90
E. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Bech Torah Adoth Yesburun 20350 NE 26th Avenue North Miami Beach, FL 33180-	Ad Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/27/200	$250.00
F. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Broward County Repub P.O. Box 7536 Ft. Lauderdale, FL 33338-	Dinner Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/29/200	$1500.00
G. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Brad Burleson 121 Third Street, NE Washington, DC 20002-	Expenses Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/14/200	$226.50

SUBTOTAL of Disbursements This Page (optional)	$2580.08
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

See separate schedule(s) for each category of the Detailed Summary Page

PAGE 3 OF 12

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
C. Morris & Assoc. Ms. Lauren Morris 2135 NE 198th Terrace North Miami Beach, FL 33179-3133	Consulting Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/01/200	$666.66
B. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
C. Morris & Assoc. Ms. Lauren Morris 2135 NE 198th Terrace North Miami Beach, FL 33179-3133	Consulting Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/03/200	$666.66
C. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
C. Morris & Assoc. Ms. Lauren Morris 2135 NE 198th Terrace North Miami Beach, FL 33179-3133	Consulting Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/03/200	$666.66
D. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Capitol Hill Club 300 First St., SE Washington, DC 20003-	F'raiser Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/06/200	$403.18
E. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Colee Hammock Bldg. 1512 E. Broward Blvd Ft. Lauderdale, FL 33301-	Rent Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/03/200	$858.95
F. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Colee Hammock Bldg. 1512 E. Broward Blvd Ft. Lauderdale, FL 33301-	Rent Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/03/200	$819.91
G. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Colee Hammock Bldg. 1512 E. Broward Blvd Ft. Lauderdale, FL 33301-	Rent Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/01/200	$819.91

SUBTOTAL of Disbursements This Page (optional)	$4901.93
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 4 OF 12

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Coley Communications, Inc. 1311 North Westshore Blvd, #201 Tampa, FL 33607-	Mailing Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	03/24/200	$6140.64
B. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Coley Communications, Inc. 1311 North Westshore Blvd, #201 Tampa, FL 33607-	Mailing Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	03/09/200	$18958.58
C. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Congressional Institute 316 Pennsylvania Ave., SE #403 Washington, DC 20003-	Seminar Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/20/200	$860.00
D. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Constance Duke 1601 Middle River Dr Ft. Lauderdale, FL 33305-	Wages Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	01/04/200	$791.77
E. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Constance Duke 1601 Middle River Dr Ft. Lauderdale, FL 33305-	Wages Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/01/200	$529.54
F. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Constance Duke 1601 Middle River Dr Ft. Lauderdale, FL 33305-	Wages Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	02/03/200	$695.86
G. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Constance Duke 1601 Middle River Dr Ft. Lauderdale, FL 33305-	Petty cash Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/14/200	$100.00

SUBTOTAL of Disbursements This Page (optional)	$28076.39
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and Zip Code Victoria Duxbury 6080 Pine Drive Lantana, FL 33462-	Cell phone Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/01/200	$211.98
B. Full Name, Mailing Address and Zip Code Victoria Duxbury 6080 Pine Drive Lantana, FL 33462-	Expenses Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/28/200	$60.00
C. Full Name, Mailing Address and Zip Code Dynacolor Graphics, Inc. 1102 NW 159th Drive P. O. Box 699037 Miami, FL 33269-	Xmas cards Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/03/200	$551.54
D. Full Name, Mailing Address and Zip Code Dynacolor Graphics, Inc. 1102 NW 159th Drive P. O. Box 699037 Miami, FL 33269-	Xmas cards Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/07/200	$33.60
E. Full Name, Mailing Address and Zip Code Eric Eikenberg 11151 NW 26th Drive Coral Springs, FL 33065-	Expenses Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/11/200	$88.55
F. Full Name, Mailing Address and Zip Code Eric Eikenberg 11151 NW 26th Drive Coral Springs, FL 33065-	Expenses Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/24/200	$263.00
G. Full Name, Mailing Address and Zip Code Eric Eikenberg 11151 NW 26th Drive Coral Springs, FL 33065-	Wages Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/01/200	$2468.50

SUBTOTAL of Disbursements This Page (optional)	$3677.17
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 6 OF 12

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Eller Media Company 5800 NW 77th Court Miami, FL 33168-	Bus signs Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/09/200	$3150.00
B. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Emilie Shaw 700 Coral Way Ft. Lauderdale, FL 33301-	Camp. travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/24/200	$613.50
C. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Emilie Shaw 700 Coral Way Ft. Lauderdale, FL 33301-	Campaign travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/03/200	$599.75
D. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Emilie Shaw 700 Coral Way Ft. Lauderdale, FL 33301-	Camp. travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/14/200	$600.00
E. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Flamingo Press 1219 NE Fourth Avenue Fort Lauderdale, FL 33304-	Printing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/28/200	$1215.82
F. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Flamingo Press 1219 NE Fourth Avenue Fort Lauderdale, FL 33304-	Printing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/01/200	$942.23
G. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Florida Department of Revenue Carlton Bldg. Tallahassee, FL 32399-	Taxes Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/06/200	$689.70

SUBTOTAL of Disbursements This Page (optional)	$7811.00
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 7 OF 12

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Florida Department of Revenue Carlton Bldg. Tallahassee, FL 32399-	Taxes Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/06/200	$915.04
B. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Carlyle Gregory Company 140 Little Falls Street, #104 Falls Church, VA 22046-	expenses Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/22/200	$281.76
C. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Carlyle Gregory Company 140 Little Falls Street, #104 Falls Church, VA 22046-	Expenses Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/06/200	$156.31
D. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Carlyle Gregory Company 140 Little Falls Street, #104 Falls Church, VA 22046-	Consulting Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/01/200	$2000.00
E. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Carlyle Gregory Company 140 Little Falls Street, #104 Falls Church, VA 22046-	Consulting Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/03/200	$2000.00
F. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Carlyle Gregory Company 140 Little Falls Street, #104 Falls Church, VA 22046-	Consulting Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/21/200	$2000.00
G. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Michael Harrington 525 Maryland Avenue, NE Washington, DC 20002-	Expenses Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/04/200	$1148.83

SUBTOTAL of Disbursements This Page (optional)	$8501.94
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 9 OF 12

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hinkle & Richter 2600 NE 14th Street Cswy. Pompano Beach, FL 33062-	Services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/14/200	$1117.50
B. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Hinkle & Richter 2600 NE 14th Street Cswy. Pompano Beach, FL 33062-	Service Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/14/200	$707.50
C. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Ikon Office Solutions Van Dec Mailing Service Dept. 211040 Miami, FL 33121-	Mailing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/06/200	$243.76
D. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Pamela Landi 508 NE 27th Drive Ft. Lauderdale, FL 33305-	expenses Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/22/200	$28.07
E. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Pamela Landi 508 NE 27th Drive Ft. Lauderdale, FL 33305-	Wages Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/07/200	$547.57
F. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Pamela Landi 508 NE 27th Drive Ft. Lauderdale, FL 33305-	Expenses Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/04/200	$23.20
G. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Caroline Lunsford 900 NW Sixth Terrrace Boca Raton, FL 33486-	Wages Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/03/200	$196.42

SUBTOTAL of Disbursements This Page (optional)	$2864.02
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 9 OF 12

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Caroline Lunsford 900 NW Sixth Terrrace Boca Raton, FL 33486-	Wages Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/01/200	$153.15
B. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Caroline Lunsford 900 NW Sixth Terrrace Boca Raton, FL 33486-	Wages Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/04/200	$286.31
C. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Mail Boxes Etc. 9306 Mills Drive Miami, FL 33183-	printing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/22/200	$488.84
D. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Morgan, Meredith and Assoc. 4451 Brookfield Corporate Drive, #200 Chantilly, VA 20151-	Mailings Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/25/200	$3234.61
E. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Morgan, Meredith and Assoc. 4451 Brookfield Corporate Drive, #200 Chantilly, VA 20151-	Mailings Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/14/200	$3012.70
F. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Morgan, Meredith and Assoc. 4451 Brookfield Corporate Drive, #200 Chantilly, VA 20151-	Mailing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/06/200	$3007.50
G. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
National Media Inc. 211 N. Union St. Suite 200 Alexandria, VA 22314-	Consulting Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/21/200	$4000.00

SUBTOTAL of Disbursements This Page (optional)	$14183.11
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate Schedule(s) for each category of the Detailed Summary Page

PAGE 10 OF 12

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NATIONSBANK One Financial Plaza Ft. Lauderdale, FL 33301-	Taxes Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/06/200	$2631.00
B. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
NATIONSBANK One Financial Plaza Ft. Lauderdale, FL 33301-	Taxes Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/01/200	$926.57
C. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
NATIONSBANK One Financial Plaza Ft. Lauderdale, FL 33301-	Bounced check charge Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/20/200	$5.00
D. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Polo Trace Golf Course 13481 Polo Trace Drive Delray Beach, FL 33446-	Golf tournament Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/03/200	$9531.42
E. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Postmaster Ft. Lauderdale, FL 33303-	Fees Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/03/200	$400.00
F. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Postmaster Ft. Lauderdale, FL 33303-	Stamps Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/03/200	$165.00
G. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Postmaster Ft. Lauderdale, FL 33303-	SRE acct. Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/31/200	$500.00

SUBTOTAL of Disbursements This Page (optional)	$14158.99
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Postmaster Ft. Lauderdale, FL 33303-	BRE acct/ Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/23/200	$500.00
B. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Postmaster Ft. Lauderdale, FL 33303-	BRE acct. Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/28/200	$500.00
C. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Postmaster Ft. Lauderdale, FL 33303-	Stamps Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/21/200	$330.00
D. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Preferred Communications 5201 Leesburg Pke, #1007 Falls Church, VA 22041-	Lists Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/25/200	$542.14
E. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
R. Duffy Wall and Associates 6011317 F St., N.W., 400 Washington, DC 20004-	Fundraiser Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/07/200	$462.00
F. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Republican Party, Palm Bch. Co. 4736 Okeechobee Blvd. West Palm Beach, FL 33417-	Ad and table Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/28/200	$1800.00
G. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Travel Plus 3345 North Federal Highway Fort Lauderdale, FL 33306-	camp. travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/13/200	$300.00

SUBTOTAL of Disbursements This Page (optional)	$4434.14
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and Zip Code U. S. Treasury	Taxes Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	01/03/200	$720.06
B. Full Name, Mailing Address and Zip Code U. S. Treasury	Purpose of Disbursement Taxes Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year) 01/03/200	Amount of Each Disbursement This Period $53.24
C. Full Name, Mailing Address and Zip Code United Parcel Service PAC (UPSPAC) 55 Glenlake Parkway NE Atlanta, GA 30328-	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 03/16/200	Amount of Each Disbursement This Period $500.00 IN KIND
D. Full Name, Mailing Address and Zip Code Van Doe Mailing Service, Inc. P. O. Box 1 Hollywood, FL 33022-	Purpose of Disbursement Postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 02/25/200	Amount of Each Disbursement This Period $733.20
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) / /	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) / /	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) / /	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	$2006.50
TOTAL This Period (last page this line number only)	$95278.10

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1

FOR LINE NUMBER 20a

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NAME OF COMMITTEE (In Full)
Friends of Clay Shaw

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Steven Halmos 707 Coral Way Ft.Lauderdale, FL 33301-	excess contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	01/31/200	$350.00
B. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
John Perry P. O. Box 4409 Tequesta, FL 33469-	Excess contrib. Disbursement for: [X] Primary [ ] General [ ] Other (specify)	02/07/200	$1000.00
C. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
,	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	/ /	
D. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
,	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	/ /	
E. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
,	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	/ /	
F. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
,	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	/ /	
G. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
,	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	/ /	

SUBTOTAL of Disbursements This Page (optional)	$1350.00
TOTAL This Period (last page this line number only)	$1350.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 4-12-00
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

SH — PREPARER

4-15-00 — DATE PREPARED

(4/98)